

APPLICANT INFORMATION		FOR OFFICIAL USE ONLY	
Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(LAST)</span> <span>(FIRST)</span> <span>(MIDDLE)</span> </div>	Social Security No.* _____	Class Code _____  Class Title _____ Received by _____ Agency _____ Accepted/Rejected _____ Date _____ Reason _____	
Mailing Address: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>(STREET, P.O. BOX)</span> </div>	Home Phone _____  Work Phone _____	In-House Posting    Yes ____ No ____	
<div style="display: flex; justify-content: space-around; font-size: small;"> <span>(CITY)</span> <span>( STATE)</span> <span>( ZIP CODE)</span> </div>	*Strict confidentiality of Social Security Number will be maintained.		



**STATE OF NEW HAMPSHIRE**  
*The State of New Hampshire is an equal opportunity employer.*  
**Discrimination on the basis of age, sex, race, color, marital status, physical or mental disability, religious creed, national origin, sexual orientation or any other non-merit factor is strictly prohibited.**

### APPLICATION FOR EMPLOYMENT

Please print neatly or type the application. Be sure you have filled in the "Applicant Information" section at the top of this application.  
**You are encouraged to provide a copy of your current resume, but RESUMES WILL NOT BE ACCEPTED IN LIEU OF A FULLY COMPLETED APPLICATION FOR EMPLOYMENT.**

Position for which you are applying: \_\_\_\_\_

Position Number (if known): \_\_\_\_\_ Agency where position is located: \_\_\_\_\_

Will you accept employment anywhere in the State?    Yes \_\_\_\_ No \_\_\_\_    If "NO", place an "X" under (up to three counties) in which you will accept employment.

Merrimack 00100	Belknap 00200	Hillsboro 00300	Rockingham 00400	Cheshire 00500	Coos 00600	Strafford 00700	Sullivan 0080	Grafton 00900	Carroll 01000

DO YOU HAVE THE LEGAL RIGHT TO ACCEPT EMPLOYMENT IN THE UNITED STATES?    Yes \_\_\_\_ No \_\_\_\_

Have you been employed by a NH State agency before?    Yes \_\_\_\_ No \_\_\_\_    If yes, when? \_\_\_\_\_

For what State agency were you employed? \_\_\_\_\_ In what position? \_\_\_\_\_

What was your reason for leaving? \_\_\_\_\_

**IF YOU HAVE EVER BEEN CONVICTED OF A CRIME (FELONY OR MISDEMEANOR) THAT HAS NOT BEEN OFFICIALLY ANNULLED BY A COURT, YOU MUST COMPLETE THE FOLLOWING SECTION, GIVING THE DATE, LOCATION AND NATURE OF THE FELONY OR MISDEMEANOR CONVICTION.**

**IF YOU LEAVE THIS SPACE BLANK, YOU ARE CERTIFYING THAT YOU HAVE NO CURRENT RECORD OF CONVICTION.**

**Please note: Conviction is not an automatic disqualifier for employment. Each case is considered individually.**  
 WILLFUL OMISSION OR MISREPRESENTATION OF REQUIRED INFORMATION WILL BE A BASIS FOR REJECTION OF YOUR APPLICATION.

## EDUCATION

Please place an "X" under the highest school grade completed

8	9	10	11	12 or G.E.D.	13	14	15	16	17	18

Are there any specialized courses you have taken that you want to be considered in reviewing this application? Please explain below:

If the position for which you are applying requires post-secondary education credits,

**YOU MUST SUBMIT COPIES OF COLLEGE, BUSINESS, TRADE SCHOOL AND/OR OTHER EDUCATION TRANSCRIPTS.**

Name of School

Major

Degree or Certificate Earned

## INFORMATION TECHNOLOGY TRAINING/EXPERIENCE

Please list below your training/experience in information technology (i.e., data processing, word processing, spreadsheet design or development, database development or management). Note any specific software applications or programming languages in which you are proficient:

## VETERAN'S PREFERENCE

You may be eligible for veteran's preference points upon INITIAL application/entry into the classified State service for military duty performed during qualifying periods of war/armed conflict. To request veteran's preference points, PROOF OF ELIGIBILITY FOR VETERAN'S PREFERENCE MUST BE SUBMITTED WITH THE APPLICATION.

Please check one of the following if you wish to request veteran's preference points:

_____	War veteran (5 points)	_____	Disabled war veteran with 10% or more service-connected disability. (10 points)
_____	Unremarried surviving spouse of a war veteran (5 points)	_____	Unremarried spouse of a war veteran whose death was service-connected. (10 points)
_____	Spouse of disabled war veteran with service-connected		
_____	<u>total</u> disability (5 points)		

## LICENSES AND CERTIFICATION

Please list any license or special certification that you hold, specifying license/certificate number and date of expiration:

CDL# _____	Class _____	Expires _____	LPN# _____	Expires _____
PE/EIT# _____		Expires _____	RN# _____	Expires _____
Other: _____		Expires _____	Other: _____	Expires _____

*(Unless otherwise prohibited by law, please include with your application a photocopy of any license or certificate.)*

## CREDIT FOR CERTIFICATION THROUGH TRAINING or EXAMINATION

If you have completed approved coursework and have achieved special certification through training or examination (i.e. Certified Public Manager or Certified Public Supervisor) please complete the following:

(Title or Certificate Earned)

(Date Certificate Earned)

(Certifying State, Agency or Organization)

**IN ORDER TO RECEIVE CREDIT FOR CERTIFICATION, YOU MUST SUBMIT PROOF OF COURSE COMPLETION AND THE CERTIFICATE EARNED.**

### EXPERIENCE - WORK HISTORY

In the sections below, please describe your experience/work history (including pertinent volunteer experience), beginning with your current or most recent position. You should emphasize work experience most pertinent to the position for which you are applying. If more space is needed, please attach additional sheets. You are encourage to submit a current resume with your application.

PLEASE NOTE: RESUMES WILL NOT BE ACCEPTED IN PLACE OF A FULLY COMPLETED APPLICATION FORM.

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Supervisor's Name/Title \_\_\_\_\_  
Dates of Employment: From: Mo. \_\_\_\_\_ Year \_\_\_\_\_ to Mo. \_\_\_\_\_ Year \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_ May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Specific duties: Please describe the duties you performed in your position: \_\_\_\_\_

How many employees did you supervise? \_\_\_\_\_ Did you assign their work? \_\_\_\_\_ Reject unsatisfactory work? \_\_\_\_\_ Did you have the authority to hire/fire? \_\_\_\_\_  
Reason you left this position: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Supervisor's Name/Title \_\_\_\_\_  
Dates of Employment: From: Mo. \_\_\_\_\_ Year \_\_\_\_\_ to Mo. \_\_\_\_\_ Year \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_ May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Specific duties: Please describe the duties you performed in your position: \_\_\_\_\_

How many employees did you supervise? \_\_\_\_\_ Did you assign their work? \_\_\_\_\_ Reject unsatisfactory work? \_\_\_\_\_ Did you have the authority to hire/fire? \_\_\_\_\_  
Reason you left this position: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Supervisor's Name/Title \_\_\_\_\_  
Dates of Employment: From: Mo. \_\_\_\_\_ Year \_\_\_\_\_ to Mo. \_\_\_\_\_ Year \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_ May we contact? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_  
Specific duties: Please describe the duties you performed in your position: \_\_\_\_\_

How many employees did you supervise? \_\_\_\_\_ Did you assign their work? \_\_\_\_\_ Reject unsatisfactory work? \_\_\_\_\_ Did you have the authority to hire/fire? \_\_\_\_\_  
Reason you left this position: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Your Job Title: \_\_\_\_\_ Supervisor's Name/Title \_\_\_\_\_  
 Dates of Employment: From: Mo. \_\_\_\_\_ Year \_\_\_\_\_ to Mo. \_\_\_\_\_ Year \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_ May we contact? Yes No  
 Specific duties: Please describe the duties you performed in your position: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How many employees did you supervise? \_\_\_\_\_ Did you assign their work? \_\_\_\_\_ Reject unsatisfactory work? \_\_\_\_\_ Did you have the authority to hire/fire? \_\_\_\_\_  
 Reason you left this position: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ I have enclosed a copy of my current resume.

**I understand that in order for my application to be considered, the Affirmation below must be completed.**

I certify that the information provided in or attached to this application is complete, accurate and up-to-date on the date specified below. I certify that I have the legal right to accept employment in this State, and that I will produce, at or before the date of hire, proof of that right to accept employment. I further certify that there are no willful misrepresentations of the above statements and answers to questions herein, and that I have made no omissions of material fact with respect to any of my answers to the questions presented. I understand that if an investigation should disclose such misrepresentations or omissions, my application may be rejected. Finally, I understand that if I should be employed at the time of such investigation and disclosure, my services may be immediately terminated.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

*Applications are available in modified formats for persons with disabilities. Special testing arrangements for persons with disabilities will be made upon request by contacting the Division of Personnel's Examinations Section.*

**UNLESS OTHERWISE SPECIFIED, APPLICATIONS SHOULD BE RETURNED TO:**

**STATE OF NEW HAMPSHIRE  
 DEPARTMENT OF SAFETY  
 DIVISION OF ADMINISTRATION  
 HUMAN RESOURCES  
 10 HAZEN DRIVE  
 CONCORD NH 03305**

**RECRUITMENT/EMPLOYMENT SURVEY**

Please complete the following to assist in our recruitment efforts.

I learned of this career opportunity through:

- \_\_\_\_\_ (B89) Private Employment Agency
- \_\_\_\_\_ (F89) New Hampshire Division of Personnel
- \_\_\_\_\_ (C89) Newspaper (name) \_\_\_\_\_
- \_\_\_\_\_ (E88) Radio/TV advertisements
- \_\_\_\_\_ (D88) "Opportunities in NH State Government" bulletin
- \_\_\_\_\_ (D89) In-house posting within my agency
- \_\_\_\_\_ (E89) Job Fair
- \_\_\_\_\_ (A89) N.H. Employment Security
- \_\_\_\_\_ (G89) Other (please explain) \_\_\_\_\_